



## Nominate a Women-Owned Business in Your Community

*The Governor's Trailblazer Awards recognize the rich legacy of women's business ownership in Wisconsin. By starting and sustaining businesses, exploring markets, creating jobs and stimulating local economic growth, Wisconsin women business owners play a leading role in our economy. Join us in celebrating women's long history of entrepreneurship and deep roots in Wisconsin's business community.*

Individuals and organizations, including business and professional associations and chambers of commerce, are invited to nominate women-owned businesses for Wisconsin's Governor's Trailblazer Awards for Women in Business. Business owners are also invited to self-nominate. Nominations are made by mailing or faxing the completed nomination form to the Wisconsin Women's Council. Visit the Women's Council's web site for additional forms and information: [www.womenscouncil.wi.gov](http://www.womenscouncil.wi.gov).

Trailblazer Award Categories – indicate award(s) sought:	
<p style="text-align: center;"><b>Torch Awards</b></p> <p><input type="checkbox"/> Businesses founded by women and run in continuous operation by three or more consecutive generations of women.</p> <p><input type="checkbox"/> Family businesses, run in continuous operation by three or more consecutive generations, currently run by a female relative of the founder.</p>	<p style="text-align: center;"><b>Quarter and Half Century Awards</b></p> <p>Woman-owned businesses founded and run continuously by a woman (or series of women) for:</p> <p><input type="checkbox"/> 25 years or more (as of September 1, 2008).</p> <p><input type="checkbox"/> 50 years or more (as of September 1, 2008).</p>
<p style="text-align: center;"><b>Deadline for Submission: November 1, 2008</b></p> <p style="text-align: center;">Mail completed nominations to: Women's Business Awards, Wisconsin Women's Council, 101 East Wilson, 8<sup>th</sup> Floor, Madison, WI 53702, or by fax: 608-267-0626.</p>	

### 2. Nominator Information (if other than business-owner)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business/Organization: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### 3. Nominee Information

Business Name: \_\_\_\_\_

Name of the business owner(s) nominated: \_\_\_\_\_

Business Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Additional information related to the award criteria will be collected from business owners. For self-nominations, please complete question 6 below.

**4. Reasons for recommendation.** Tell us how the business meets the award criteria, plus any additional information on how this business positively impacts your community or industry. (Attach additional sheets if necessary not to exceed two pages.)

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**5. Event Publicity.** Please provide one local newspaper to notify in the event the nominee is selected for an award.

Newspaper Name: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

**6. For self-nominations, business owners must complete the following:**

FEIN or other tax identification number for the business: \_\_\_\_\_

County Where Business is Located: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Proof of continuous ownership/leadership for length of award(s) sought:

Name	Title	Dates of Continuous Ownership	Relationship to Previous Owner
		(Month-Day-Year)	(daughter, niece, unrelated purchaser, etc.)
		From:	
		To:	
Original owner/founder		From:	
		To:	
Next Owner/CEO		From:	
		To:	
Present Owner/CEO		From:	
		To:	

*Attach additional sheets as needed to provide proof of continuous ownership per the award criteria. Attach any additional information which may be helpful in evaluating your eligibility for the Trailblazer Awards (newspaper clips, brochures, etc.). Supporting documentation must not exceed 5 pages.*

**7. Other Terms and Conditions**

a. Nominators will receive an email acknowledgement when an entry has been received (if an email address is provided). Only applications selected for awards will generate notifications beyond that point.

b. The decision of the Women's Council and its agents in making awards will be considered final.

c. The Women's Council makes no guarantees as to the number and type of awards given. All submissions become the property of the Women's Council and part of its archives. By submitting an entry, nominators agree that the Women's Council and any other party authorized by it shall have permission to publish any material contained in the submission. Award entry material is on the public record and no content will be treated confidentially.

d. In carrying out the award program, the Women's Council and its agents are not responsible for omissions, oversights, or errors on their part, nor for late, lost, stolen, illegible, incomplete, mutilated, destroyed, delayed or postage due mailings, equipment failure or misdirected entries.

e. Information provided in the application is subject to audit and verification upon request. Applications deemed incomplete, illegible, or ineligible will be disqualified.

f. If an entry is nominated for an award or receives an award, the manner and details of announcing such nomination and award is strictly within the discretion of Women's Council. Awards may not all be given or publicized in the same manner.

g. A list of award winners will be made available on the Women's Council web site at: [www.womenscouncil.wi.gov](http://www.womenscouncil.wi.gov).

h. The award prize is solely recognition, but may also include certificates and/or other mementos of no or limited cash value.

i. Franchises and not-for-profit organizations are not eligible.

To be eligible, the nominated business must be:

j. Woman-owned, defined as 51% or more ownership or stock.

k. In compliance and good standing regarding state and federal laws, guidelines and other such requirements.

l. Located, and in business continuously since its founding, in Wisconsin for the number of years of the award sought.

m. Candidates for the award must be Wisconsin residents and own a registered business.

By submitting this application, the nominator certifies s/he:

n. Has read, understood and agrees to the terms and conditions and agrees to be bound by the decision(s) of the Women's Council and its agents.

o. Releases the State of Wisconsin, Wisconsin Women's Council, the sponsors, and their agents, respective affiliates, subsidiaries, directors, officers and employees from any and all liability arising in connection with the award program, including without limitation, liability arising from application for or the acceptance of the award(s).

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE INFORMATION PROVIDED IN CONNECTION WITH THIS NOMINATION IS CORRECT AND MEETS THE TERMS AND CONDITIONS.

\_\_\_\_\_  
Nominator - Sign Name

\_\_\_\_\_  
Nominator - Print Name

\_\_\_\_\_  
Date